

NOV 10 2008

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

1450251  
OMB APPROVAL  
OMB Number: 3235-0076  
Expires: October 31, 2008  
Estimated average burden  
hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer  
Legacy Income Fund I, LLC

Jurisdiction of Incorporation/Organization  
Florida

Year of Incorporation/Organization  
(Select one)  
☐ Over Five Years Ago ☒ Within Last Five Years (specify year) 2008 ☐ Yet to Be Formed

Previous Name(s) ☐ None

Entity Type (Select one)  
☐ Corporation  
☐ Limited Partnership  
☒ Limited Liability Company  
☐ General Partnership  
☐ Business Trust  
☐ Other (Specify)

(If more than one issuer is filing this notice, check this box ☐ and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1  
812 East Strawbridge Avenue

City  
Melbourne

State/Province/Country  
FL

Street Address 2

ZIP/Postal Code  
32901

Phone No.  
321-727-9910

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THOMSON REUTERS

Item 3. Related Persons

Last Name  
Flotz

First Name  
Peter

Middle Name

Street Address 1  
812 East Strawbridge Avenue

City  
Melbourne

State/Province/Country  
FL

Street Address 2

ZIP/Postal Code  
32901

Relationship(s): ☒ Executive Officer ☒ Director ☒ Promoter

Clarification of Response (if Necessary) Managing Member of the Manager of the Issuer's Manager

08064635

(Identify additional related persons by checking this box ☒ and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

☐ Agriculture  
☐ Banking and Financial Services  
☐ Commercial Banking  
☐ Insurance  
☐ Investing  
☐ Investment Banking  
☐ Pooled Investment Fund  
If selecting this industry group, also select one fund type below and answer the question below:  
☐ Hedge Fund  
☐ Private Equity Fund  
☐ Venture Capital Fund  
☐ Other Investment Fund  
Is the issuer registered as an investment company under the Investment Company Act of 1940? ☐ Yes ☐ No  
☐ Other Banking & Financial Services

☐ Business Services  
☐ Energy  
☐ Electric Utilities  
☐ Energy Conservation  
☐ Coal Mining  
☐ Environmental Services  
☐ Oil & Gas  
☐ Other Energy  
☐ Health Care  
☐ Biotechnology  
☐ Health Insurance  
☐ Hospitals & Physicians  
☐ Pharmaceuticals  
☐ Other Health Care  
☐ Manufacturing  
☐ Real Estate  
☐ Commercial

☐ Construction  
☐ REITS & Finance  
☐ Residential  
☒ Other Real Estate  
☐ Retailing  
☐ Restaurants  
☐ Technology  
☐ Computers  
☐ Telecommunications  
☐ Other Technology  
☐ Travel  
☐ Airlines & Airports  
☐ Lodging & Conventions  
☐ Tourism & Travel Services  
☐ Other Travel  
☐ Other

**FORM D****U.S. Securities and Exchange Commission**

Washington, DC 20549

**Item 5. Issuer Size (Select one)****Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)**

- ☒ No Revenues  
☐ \$1 - \$1,000,000  
☐ \$1,000,001 - \$5,000,000  
☐ \$5,000,001 - \$25,000,000  
☐ \$25,000,001 - \$100,000,000  
☐ Over \$100,000,000  
☐ Decline to Disclose  
☐ Not Applicable

**OR****Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)**

- ☐ No Aggregate Net Asset Value  
☐ \$1 - \$5,000,000  
☐ \$5,000,001 - \$25,000,000  
☐ \$25,000,001 - \$50,000,000  
☐ \$50,000,001 - \$100,000,000  
☐ Over \$100,000,000  
☐ Decline to Disclose  
☐ Not Applicable

**Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Investment Company Act Section 3(c) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(1)                     | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(2)                     | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(3)                     | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(4)                     | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(5)                     | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(6)                     |   |
|  | <input type="checkbox"/> Section 3(c)(7)                     |   |

**Item 7. Type of Filing**

☒ New Notice **OR** ☐ Amendment

Date of First Sale in this Offering:  **OR** ☒ First Sale Yet to Occur

**Item 8. Duration of Offering**

Does the issuer intend this offering to last more than one year? ☒ Yes ☐ No

**Item 9. Type(s) of Securities Offered (Select all that apply)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Equity   | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input checked="" type="checkbox"/> Debt   | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe)                 |
- 

**Item 10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? ☐ Yes ☒ No

Clarification of Response (if Necessary)

U.S. Securities and Exchange Commission Washington, DC  
Washington, DC 20549

Minimum investment accepted from any outside investor	\$ 10,000
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**Recipient**

United Northwest Securities

Recipient CRD Number

118286

☐ No CRD Number

(Associated) Broker or Dealer ☐ None

(Associated) Broker or Dealer CRD Number

☐ No CRD Number

Dale Garnett

**Street Address 2**

**14150 NE 20th Street**

**#81**

City

State/Province/Country

ZIP/Postal Code

Bellevue

WA

98005

**States of Solicitation** ☐ All States

☒ IL   ☒ IN   ☐ IA   ☐ KS   ☐ KY   ☐ LA   ☐ ME   ☐ MD   ☒ MA   ☒ MI   ☐ MN   ☐ MS   ☐ MO

☐ RI   ☐ SC   ☐ SD   ☒ TN   ☒ TX   ☐ UT   ☐ VT   ☐ VA   ☒ WA   ☐ WV   ☒ WI   ☐ WY   ☐ PR

(Identify additional person(s) being paid compensation by checking this box ☐ and attaching Item 12 Continuation Page(s).)

**(a) Total Offering Amount**

**\$ 8,600,000**

**OR** ☐ Indefinite

**(b) Total Amount Sold**

\$0

(c) Total Remaining to be Sold  
(Subtract (a) from (b))

\$ 8,600,000

**OR** ☐ Indefinite

**Clarification of Response (if Necessary)**

Check this box ☒ if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

10

**Enter the total number of investors who already have invested in the offering:**

10

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$ 946,000
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☒ Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ 0

### Estimate

**Item 16. Use of Proceeds**

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 258,000

☒ Estimate

Clarification of Response (if Necessary)

**Signature and Submission**

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

**Terms of Submission.** In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box ☐ and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

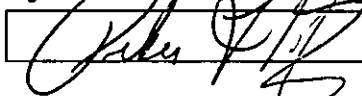
Issuer(s)

Legacy Income Fund I, LLC

Name of Signer

Peter Flotz

Signature



Title

Managing Member of the Manager of the Issuer's Manager

Number of continuation pages attached:

1

Date

10/21/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

## Item 3 Continuation Page

## Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Krocker	Charles	Scott
Street Address 1	Street Address 2	
7617 Little River Twpk.	Suite 240	
City	State/Province/Country	ZIP/Postal Code
Annandale	VA	22003
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Managing Member of the Manager of the Issuer's Manager		

Last Name	First Name	Middle Name
Luz	Christian	Robert
Street Address 1	Street Address 2	
1665 Cahill Drive		
City	State/Province/Country	ZIP/Postal Code
East Lansing	MI	49923
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Member of the Manager of the Issuer's Manager		

Last Name	First Name	Middle Name
Lauffer	Lawrence	Carl
Street Address 1	Street Address 2	
810 East Strawbridge Ave.		
City	State/Province/Country	ZIP/Postal Code
Melbourne	FL	32901
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> Promoter		
Clarification of Response (if Necessary) Member of the Manager of the Issuer's Manager		

Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Form D 9

END